Employment Security Department
WASHINGTON STATE

SELF-REQUEST FOR RECORDS

A response to your request will be sent within 5 BUSINESS DAYS.

1.   PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

_____

Social Security Number:

_____ – _____ – _____

2.   CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

☒ I am requesting a copy of my <u>Employment History</u> from

01/01/10	through	Present
(start date)		(end date)

☒ I am requesting a copy of my <u>Unemployment Payment History</u> from

01/01/10	through	Present
(start date)		(end date)

☐ If you are seeking records other than the above (identify here):

_____

3.   AUTHORIZATION AND SIGNATURE:

a) Mail or Fax records to: **b) Send Request to:**

ATTN:
City of Seattle   **Employment Security Department**
Utility Discount Program   **Attn: Records Disclosure Unit**
810 3ʳᵈ Ave, Ste 350   **P.O. Box 9046**
Seattle, WA 98104   **Olympia WA 98507-9046**
Phone (206) 684-0268   Phone: (360) 292-6036
FAX: (206) 621-5012   FAX: (866) 610-9225

c) I authorize the requested information/records be released and sent
   to the entity identified in Section 3a.

d) By signing below I declare under the penalty of perjury under the
   laws of the State of Washington that I am the individual whose
   records are being requested.

X_____ _____

Signature (Required)   Date

Rev. 05/09